

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <u>Dan Cross</u>		Date of This Filing <u>10-6-18</u>	Date Stamp RECEIVED OCT 16 2018 <u>Dr</u> CITY OF LINCOLN	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <u>1408219</u>	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Lincoln</u>	STATE <u>CA</u> ZIP CODE <u>95648</u>	No. of Pages _____		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
<u>10-15-18</u>	<u>John Pappagianopoulos</u> <u>Sacramento, CA 95825</u>	<u>Dan Cross Lincoln</u> <u>City Council</u>	<u>\$1,000.00</u>	<u>11-6-2018</u>

Reason for Amendment: _____